CA097754

SHELBY COUNTY BOARD OF COMMISSIONERS AGENDA ROUTE SHEET

| Referred to Commission Committee For Commission Action on |
|--|
| DESCRIPTION OF ITEM: RESOLUTION APPROVING CONTRACT WITH MENDELSON LAW FIRM FOR THE PROVISIONS OF COLLECTION AGENCY SERVICES TO BE PAID ON A PERCENTAGE OF COLLECTIONS BASIS. SPONSORED BY COMMISSIONER SIDNEY CHISM |
| CHECK ALL THAT APPLY BELOW: This Action does NOT require expenditure of funds. |
| This Item requires/approves expenditure of funds as follows (complete all that apply): |
| County General Funds: \$: County CIP Funds: \$ |
| State Grant Funds: \$: State Gas Tax Funds: \$ |
| Federal Grant Funds: \$ |
| Other funds (Specify source and amount): \$ |
| Other pass-thru funds (Specify source and amount): \$ |
| Originating Department: |
| APPROVAL: |
| Dept. Head: Latonya Burrow 545-5285 \ 295une 09 (Type your name & phone #) (Initials) (Date) |
| (Type your name & phone #) (Initials) (Date) Elected Official: (Type your name & phone #.) (Initials) (Date) |
| (Type your name & phore #.) (Initials) (Date) Division Director: Zach Armour 545-5106 (Type your name & phone #.) (Initials) (Date) |
| CIP – A&F Director: \\ (Type your name & phone #.) (Initials) (Date) |
| Finance Dept.: Alicia Lindsey 545-4275 (Type your name & phone #.) (Initials) (Date) Weekels 7/6/p? |
| County Attorney: MSA BOLY (Type your name & phone #.) (Initials) (Date) |
| CAO/Mayor:Jim Huntzicker 545-4514 (Type your name & phone #.) (Initials) (Date) |

SUMMARY SHEET

I. Description of Item

The General Sessions Court Clerk (the "Clerk") collects various fees, court costs, and fines on misdemeanor cases brought before the General Sessions Court. The Clerk has an established in-house billing and collection system. The Clerk is desirous of obtaining professional collection services on certain designated Accounts that are greater than 180 days old (the "Accounts"). T.C.A. 40-24-105 authorizes the use of a collection agency to collect the Accounts. There are currently approximately 1000 delinquent Accounts totaling \$1,000,000.00 that are assigned monthly. A detailed break out of those Accounts is available upon request from the Clerk's office. The County issued a Request for Proposal number 009-002-53 for Collection Agency Services; and out of the Proposals submitted, the reviewing committee selected Mendelson Law Firm, based on cost, expertise in the field, and services offered. The cost for these services will be thirty percent (30%) of the total amount collected.

II. Source and Amount of Funding

Not applicable

III. Contract Items

Contract on file in the Purchasing Department.

| Item # | PREPARED BY Gay Utson |
|--------------|-----------------------|
| COMMISSIONER | APPROVED BY UGA KENY |

RESOLUTION APPROVING CONTRACT WITH MENDELSON LAW FIRM FOR THE PROVISIONS OF COLLECTION AGENCY SERVICES TO BE PAID ON A PERCENTAGE OF COLLECTIONS BASIS. SPONSORED BY COMMISSIONER SIDNEY CHISM

WHEREAS, The General Sessions Court Clerk collects various fees, court costs, and fines on misdemeanor cases brought before the General Sessions Court; and

WHEREAS, The Clerk is desirous of obtaining professional collection services on certain designated Accounts that deemed delinquent because they are greater than 180 days old; and

WHEREAS, There are currently approximately 1000 delinquent Accounts totaling \$1,000,000.00 that are assigned monthly; and

WHEREAS, T.C.A. 40-24-105 authorizes the use of a collection agency to collect the Accounts; and

WHEREAS, The County issued a Request for Proposal number 009-002-53 for collection Agency Services; and

WHEREAS, By the deadline of March 6, 2009, eight (8) firms having the knowledge and expertise to provide the requested services submitted proposals; and

WHEREAS, Out of the Proposals submitted, the reviewing committee selected Mendelson Law Firm, based on cost, expertise in the field, and services offered; and

WHEREAS, The parties now desire to enter into a contract for Collection Agency Services with the initial term to begin upon execution and continue through June 30, 2010 with three (3) one (1) year options to renew upon mutual written agreement of the parties; and

WHEREAS, The cost for these services will be thirty percent (30%) of the total amount collected.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SHELBY COUNTY, TENNESSEE, That the contract with Mendelson Law Firm for Collection Agency Services with the fee for said contract to be based on thirty percent (30%) of the total amount collected are hereby approved.

BE IT FURTHER RESOLVED, That the Mayor be and is hereby authorized to execute said contract on behalf of Shelby County Government, copies of which are on file in the Contract Administration Department.

BE IT FURTHER RESOLVED, That funds from this contract be appropriated to the individual Fund Accounts in accordance to Tennessee State Law for each year this contract is in effect.

BE IT FURTHER RESOLVED, That all renewal periods are approved subject to the availability of funds for each year the contract is in effect.

BE IT FURTHER RESOLVED, That the County Mayor and the Director of the Division of Administration and Finance be and are hereby authorized to issue the warrants to Mendelson Law Firm in an amounts equal to thirty percent (30%) of the total amount of collection for this contract and to take proper credit in their account therefore.

BE IT FURTHER RESOLVED, That this Resolution shall take effect from and after the date it shall have been enacted according to due process of law, the public welfare requiring it.

| A C Wharton, Jr. Shelby County Mayor |
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| |
| ATTEST: |
| |



Tennessee

A C Wharton, Jr., Mayor

Memorandum

To:

Honorable A C Wharton, Jr,

Shelby County Mayor

From:

Clifton Davis, Administrator

Purchasing Department

Date:

April 2, 2009

Re:

RFP-09-002-53, Collection Agency Services

Eight (8) companies submitted responses to "RFP-09-002-53, "Collection Agency Services".

| Bidders | EOC Provision Code | LOSB | Fee | Score Card |
|---|--------------------|------|-----------|------------|
| * Durham & Associates | D | No | 33% | 100.00 |
| * Mendelson Law Firm | C | No | 35% | 100.00 |
| | A | No | 28% + Fee | 98.00 |
| Alliance One Receivables | A | No | 15 to 50% | 98.00 |
| Pyramid Financial Solutions | | No | 30% | 98.00 |
| Linebarger Goggan Blair & Sampson | D | No | 30% | 98.00 |
| Mutual Collections | ۸ | No | 30% | 98.00 |
| Universal Collections Professional Collection Network | D | Yes | 30% | 98.00 |

After a review by the department and with the concurrence of Purchasing, it was determined that Mendelson Law Firm and Durham & Associates submitted the most responsive proposals for providing the requested services to Shelby County General Session Clerks Office.

* Shelby County Government has determined that awarding multiple contracts will maximize collections of funds owed.

Each vendor will be paid a percentage of the funds collected.

| Please indicate your response to this selection in the space pro | Widea below. |
|--|--------------|
| APPROVED: | |
| APPROVED WITH CHANGES: | |
| DISAPPROVED: | |
| A C WHARTON, JR., MAYOR | |
| DATE: | |

Shelby County Government

A C Wharton, Jr.

Mayor

April 6, 2009

Mr. David Mendelson Mendelson Law Firm 799 Estate Place Memphis, TN 38120

RE: RFP #09-002-53, Collection Agency Services

Dear Mr. Mendelson:

We are pleased to inform you that your firm has been selected to provide Collection Agency Services, that were issued on the above-described RFP.

A contract for these services will be forwarded to your office for your review and approval. Until then, no work should begin on this project until you receive an official "Notice to Proceed," along with a fully negotiated and executed copy of the contract. Also, in order to do business with Shelby County Government, all vendors are required to submit an on-line application by going to www.shelbycountytn.gov and selecting the Vendor Registration link. Your "Notice to Proceed" and executed contract will not be issued until this process has been completed.

Thank you for your proposal and congratulations on your selection. Shelby County Government looks forward to the successful and timely delivery of this very important service and your company's efforts in reaching this goal.

1 2 24

Clifton Davis
Administrator of Purchasing
Shelby County Government

CD/shw

cc: Keith Shelton, General Sessions Court Clerk's Office
Zack Armour, General Sessions Court Clerk's Office
Lisa Kelly, Assistant County Attorney
Tonya Blunt, Contracts Administration
160 North Main Street, Memphis, Tennessee 38103

http://www.co.shellw.tn.us

| CONTRACT | NO. | CA | |
|----------|-----|----|--|
| | | | |

CONTRACT AND ENCUMBRANCE INFORMATION SHEET ***AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED***

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN. Department Requesting Services: General Sessions Court (Criminal) Preparer's Name, Telephone #, and E-Mail Address: Gary D. Letson 545-5114 gary.letson@shelbycountytn.gov DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED: 3. (Collection Agency Services) Collect on accounts that are 180 days old. NAME, ADDRESS, VENDOR NUMBER, AND EOC NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING: Mendelson Law Firm 799 Estate Place Memphis Tennessee 38120 VENDOR NO. A-0623 EOC NO. EOC-V-0110-14060 COST OF ITEM OR SERVICE REQUESTED: 30% of total amount collected TERM OF PROPOSED CONTRACT/AGREEMENT: (1) year with an option to renew for3 FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH** COMMODITY CODE: VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE): **PLEASE ATTACH APPROVAL DOCUMENTS** Bid/RFP Process - # & Date RFP#09-002-53 February 18,2009 a. X Emergency/Sole Source 10. LOSB/MBE INFORMATION: Please check the appropriate description MBE (MINORITY OWNED BUSINESS ENTERPRISE) MALE FEMALE WBE (WOMEN OWNED BUSINESS ENTERPRISE) LOSB (LOCALLY OWNED SMALL BUSINESS) ANNUAL SALES DOES NOT EXCEED \$3 MILLION N/A SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS) 11. REVIEWED AND APPROVED BY: DEPARTMENT HEAD

VISION DIRECTOR

GRATUITY DISCLOSURE FORM

Shelby County Ethics Commission

INSTRUCTIONS: This form is for all persons receiving any Shelby County Government contract, land use approval or financial grant money to report any gratuity that has been given, directly or indirectly, to any elected official, employee or appointee (including their spouses and immediate family members) who is involved in the decision regarding the contract, land use approval, or financial grant of money.

| | mendelsen/Mendelsen ion Finn |
|---------|--|
| DATE OF | GRATUITY |
| N | (A |
| | |
| NATURE | AND PURPOSE OF THE GRATUITY |
| N | / A- |
| | |
| | |
| NAME OF | THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER |
| NAME OF | THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER CEIVED THE GRATUITY |
| WHO REG | THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER CEIVED THE GRATUITY |
| WHO REC | CEIVED THE GRATUITY |
| NAME OF | THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY |
| NAME OF | CEIVED THE GRATUITY |
| NAME OF | THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY |

| | NA |
|-----|---|
| | |
| | |
| | COST OF THE GRATUITY (If cost is unknown and not reasonably discernib by the person giving the gratuity, then the person giving the gratuity shall report a good faith estimate of the cost of the gratuity.) |
| | N/A |
| | The information contained in this Gratuity Disclosure Form, and any support |
| | The information contained in this Gratuity Disclosure Form, and any support documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief and affirm have not given, directly or indirectly, any gratuity to any elected official, employee or appointee (including spouse and immediate family members) has not been disclosed and I affirm that I have not violated the provisions Shelby County Government Code of Ethics. |
| | documentation or materials referenced herein or submitted herewith, is the and correct to the best of my knowledge, information and belief and affirm have not given, directly or indirectly, any gratuity to any elected official, employee or appointee (including spouse and immediate family members) has not been disclosed and I affirm that I have not violated the provisions |
| ((n | documentation or materials referenced herein or submitted herewith, is the and correct to the best of my knowledge, information and belief and affirm have not given, directly or indirectly, any gratuity to any elected official, employee or appointee (including spouse and immediate family members) has not been disclosed and I affirm that I have not violated the provisions |

Bond No.: LLI 2108476

PERFORMANCE BOND

| FIRM |
|---|
| er called "Principal") |
| |
| "Surety) are held |
| |
| the penal sum of (\$ 50,000), well and truly to be made, w |
| d severally, firmly by these |
| ne above named Obligee, he 22ND |
| ty (30) days notice in writing and any rights or liabilities ety shall be relieved of any gee. The street of the bond as set out the bond as set |
| ewal by the Surety, nor the hall itself constitute a loss to ewith shall not be cumulative, or endorsements properly |
| |
| 2009 . |
| |
| |
| URETY COMPANY |
| M Attorney-in-Fact |
| , |

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

T. SEGOVIA, D.K. NELSON, P.J. LANDRETH, TONIE PETRANEK, WILSON, S. GREEN, OF DALLAS, TX

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows:

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED AN AGGREGATE OF TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000) ----- FOR ANY SINGLE REGARDLESS OF THE NUMBER OF INSTRUMENTS ISSUED FOR THE OBLIGATION.

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This document is not valid unless printed on colored background and is multi-colored. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice-president, or assistant vice president in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or

(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal

be required) by a duly authorized attorney-in-fact or agent; or

(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons. RESOLVED FURTHER, that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or

certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company, and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this

SEAL

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

OLD REPUBLIC SURETY COMPANY

5TH day of JUNE, 2009

, personally came before me,

and RICK A. JOHNSON to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say; that they are said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

Notary Public

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

OLD REPUBLIC COMPANY

Signed and sealed at the City of Brookfield, WI this 22ND day of



COMMERCIAL CRIME POLICY DECLARATIONS

MBL15/5860

Administrative Office 1400 American Lane Schaumburg, IL 60196

| This policy issued by: Fidelity and Deposit Company of Maryland Colonial American Casualty and Surety Con (a stock insurance company) | Policy No. | CCP 0064341 01 |
|---|---|---|
| Named Insured and Mailing Address Produc | er Name and Address: | |
| | SURANCE SERVICES, INC | 3. |
| | OPLAR AVE. 1200, CLARK TOWER | |
| | HIS, TN 38137 | |
| Policy Period: From 07/21/2008 to 07/21/2009 at 12 | 2-01 A.M. Standard Time at you | r mailing address shown above. |
| IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO | O ALL THE TERMS AND C | CONDITIONS OF THIS POLICY |
| WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN | THIS POLICY. | |
| INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUC | TIBLE | |
| INSURING AGREEMENTS | LIMIT OF INSURANCE Per Occurrence | DEDUCTIBLE AMOUNT Per Occurrence |
| 1. Employee Theft | \$ 500,000.00 | \$ 5,000.00 |
| 2. Forgery Or Alteration | Not Covered | φ 3,000.00 |
| 3. Inside The Premises – Theft of Money and Securities | Not Covered | |
| 4. Inside The Premises - Robbery Or Safe Burglary Of Other Property | Not Covered | |
| 5. Outside The Premises | Not Covered | |
| 6. Computer Fraud | Not Covered | |
| 7. Funds Transfer Fraud | Not Covered | |
| 8. Money Orders And Counterfeit Paper Currency | Not Covered | |
| If Added By Endorsement, Insuring Agreement(s) | | |
| | \$ | \$ |
| | | |
| | | |
| If "Not Covered" is inserted above opposite any specified Insuring Agree thereto in this policy is deleted. | ment, such Insuring Agree | ment and any other reference |
| *Policy Premium is payable: \$ 918.00 at inception; \$ | 1st Anniversary; \$ | 2nd Anniversary |
| *Includes Taxes and/or Surcharges | νουν αποτολογή φ | Zild Alliliversaly |
| ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED: | | |
| CR0022 0506 CR0224 0702 | | |
| | | |
| | | |
| CANCELLATION OF PRIOR INSURANCE ISSUED BY US: By acceptance Bond Nos. CCP 0043669 00 | of this Policy you give us no | otice canceling prior policy or |
| he cancellation to be effective at the time this Policy becomes effective. | | |
| COUNTERSIGNED: By: | | |
| (Date) | | Representative |
| IN WITNESS WHEREOF the Company has caused this policy to policy shall not be valid unless completed by the attachment heret authorized representative of the Company. | o be signed by its preside of a declarations page | dent and secretary but this e countersigned by a duly |
| .ttest By | | 0 11 |
| 10-15 | Thoma A | K DI |
| and his hunder | 110mm 1. | merry |
| | | |
| Secretary | Presid | ent |



LAWYERS PROFESSIONAL LIABILITY POLICY **DECLARATIONS**

Agency: 747953

Branch:

Policy Number: 128611197

Insurance is provided by Continental Casualty Company, 333 S. Wabash Ave. Chicago IL 60604 A Stock Insurance Company.

1A. NAMED INSURED AND MAILING ADDRESS:

Mendelson Law Firm 785 Estate Place PO Box 17235 Memphis, TN 38187-0235 NOTICE TO POLICYHOLDERS:

This is a Claims Made and Reported policy. It applies only to those claims that are both first made against the insured and reported in writing to the Company during the policy period. Please review the policy carefully and discuss this coverage with your insurance agent or broker.

1B. PREDECESSOR FIRM(S): See Declarations Addendum

POLICY PERIOD:

Inception: 01/01/2009 at 12:01 A.M. Standard Time at the address shown above Expiration: 01/01/2010

LIMITS OF LIABILITY:

Inclusive of Claims Expenses

Each Claim: \$3,000,000 Aggregate: \$3,000,000

Death or Disability and Non-Practicing Extended Reporting Period Limit of Liability:

Each Claim: \$1,000,000 Aggregate: \$2,000,000

4. DEDUCTIBLES:

Inclusive of Claims Expenses

Aggregate: \$10,000

POLICY PREMIUM:

Annual Premium:

\$14,822.00

Total Amount Due:

\$14,822.00

Includes CNA Risk Management Seminar Credit of

\$ 0.00

FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:

G-118011-A (Ed. 04/2008), G-118012-A (Ed. 03/1999), G-118016-A (Ed. 04/2008), G-118024-A (Ed. 04/2008), G-118039-A41 (Ed. 05/2008), G-118045-A41 (Ed. 04/1999), G-118049-A (Ed. 04/2008), G-145125-A (Ed. 08/2003), G-145184-A (Ed. 06/2003)

WHO TO CONTACT:

To report a claim: CNA Insurance Companies 333 S. Wabash, 39 South Chicago, IL 60685 www.cna.com/claims

Phone 312-822-5956 Fax 312-817-0528 Attn: Regional Director, GSL Lawyers Claims

Authorized Representative

| | | ACCOUNT NUMBER IN | | という | |
|-----------|----------|----------------------|---------|-----|------------|
| 54590 | 02092195 | M012589398-001-00001 | | NO | YE. |
| LE OFFICE | | | RENEWAL | EFF | 10/30/2008 |



PRECISION AMERICA OFFICE PROGRAM COMMERCIAL UMBRELLA DECLARATIONS

This coverage part consists of this declarations form and the coverage form and endorsements indicated as applicable on the forms list.

| LIMITS OF INSURANCE | |
|--|-------------|
| GENERAL AGGREGATE LIMIT | \$1,000,000 |
| PRODUCTS AND COMPLETED OPERATIONS AGGREGATE LIMIT | \$1,000,000 |
| EACH OCCURRENCE LIMIT | \$1,000,000 |
| RETAINED LIMIT (NOT COVERED BY UNDERLYING INSURANCE) | \$0- |
| | |

SCHEDULE OF UNDERLYING INSURANCE

| | CARRIER/POLICY NUMBER | POLICY PERIOD | ILMITS OF INSURAN | |
|---------------------------------------|---|------------------|--|---|
| Commercial Automobile Liability | EXCLUDED | | | |
| Commercial General Liability | MARYLAND CASUALTY COMPANY PAS 00754590 | 10/30/2008 | General Aggregate Limit Products & Completed Operations Aggregate Limit Personal and Advertising | \$2,000,000 \$2,000,000 \$1,000,000 |
| | | | Injury Limit Each Occurrence Limit | \$1,000,000 |
| Employers | ASSURANCE COMPANY | 10/04/2002 | Bodily Injury Each Accident Bodily Injury By Disease Policy Limit | \$100,000 \$500,000 |
| Liability | | | Bodily Injury By Disease Each Employee | \$100,000 |
| | | | | |
| 6 | | | | |
| | | | | |

| ATC I | PRODUCER NUMBER | AC ACCOUNT NUMBER | AUDII |
|---------|-----------------|----------------------|-----------------------|
| | 02092195 | M012589398-001-00001 | NONE |
| E OFFIC | | RE | ENEWAL EFF 10/30/2008 |



PRECISION PORTFOLIO POLICY COMMERCIAL GENERAL LIABILITY DECLARATIONS PRECISION AMERICA OFFICE PROGRAM

This coverage part consists of this declarations form, the common policy conditions, and the coverage forms and endorsements indicated as applicable on the forms list.

| COVERAGES AND LIMITS OF INSURANCE | |
|--|---------------------|
| Some of these coverages are sublimits or are subject to aggregate limpolicy to determine how they apply. | nits. Refer to your |
| GENERAL AGGREGATE | \$2,000,000 |
| PRODUCTS AND COMPLETED OPERATIONS AGGREGATE | \$2,000,000 |
| EACH OCCURRENCE | \$1,000,000 |
| TENANTS LEGAL LIABILITY | \$1,000,000 |
| MEDICAL EXPENSES - EACH PERSON | \$ 10,000 |
| PERSONAL INJURY AND ADVERTISING INJURY | \$1,000,000 |